

Hemorrhoid Surgery

Introduction

Swollen hemorrhoids are a common condition that affects millions of people. Your doctor may recommend a hemorrhoid operation. The decision whether or not to have this surgery is also yours.

This reference summary will help you understand better the benefits and risks of this surgery.

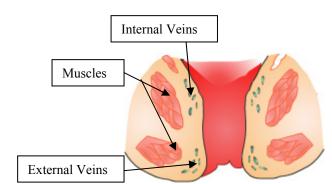
Anatomy

The rectum and anus are the last part of the digestive system. The anus is formed of multiple muscles that act as a *sphincter*, or gate.

These sphincters open up when you go to the bathroom and allow the stools to pass out.

There are two sets of veins, or blood vessels.

One is on the inside and the other one on the outside of the rectum.



Symptoms and Their Causes

In cases of constipation, the stools harden and the rectum has to push harder to get the stools out.

This could cause trauma to the rectum and could cause the blood vessels to swell.

These swollen veins are known as hemorrhoids. The hemorrhoids on the inside are known as internal hemorrhoids. These usually show up as occasional bleeding after defecation or when wiping oneself.

Hemorrhoids on the outside are known as external hemorrhoids. They can cause bleeding, itching, discomfort, or severe pain. Severe pain usually occurs when blood clots inside the blood vessels, this condition is known as 'thrombosed hemorrhoids.'

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Hemorrhoid

Alternative Treatment

Eating food rich in fiber and using mild stool softeners may soften the stools and improve the symptoms.

Sitting for few minutes in 3 to 4 inches of warm water a few times a day may help. These are known as 'sitz baths.'

Some topical ointments could also help with the symptoms.

Surgical Treatment

There are many ways to treat hemorrhoids.

Internal hemorrhoids can be treated by *banding*. This is done by placing a tight rubber band around the base of the hemorrhoid. This is usually not painful. This may be done at more than one setting and anesthesia is not usually required.

Other procedures can be done under local or general anesthesia.

Large external or internal hemorrhoids are best treated surgically. The veins are cut out surgically. The incision is closed with absorbable sutures (stitches) that will disappear on their own.

Some hemorrhoids can be injected with a special material that causes them to shrink and stop bleeding, this is known as sclerotherapy.

Hemorrhoids can also be coagulated, or burned, with special instruments such as lasers or infrared emitting probes. The tissues around the hemorrhoids can be stapled with special surgical staplers, causing the hemorrhoids to disappear over a period of few weeks. Unfortunately, none of these methods guarantees that the hemorrhoids will not return.

This is why it is very important to change your eating and bowel habits to prevent these symptoms from happening again.

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Risks and Complications

These procedures are very safe. There are, however, several possible risks and complications. These are unlikely but possible. You need to know about them just in case they happen. By being informed you may be able to help your doctor detect complications early.

The risks and complications include those related to anesthesia and those related to any type of surgery.

Risks related to anesthesia include, but are not limited to, strokes, pneumonia, and blood clots in the legs.

These risks will be discussed with you in greater detail by your anesthesiologist. Blood clots in the legs can occur. This usually shows up a few days after surgery. It causes the leg to swell and hurt a lot. These blood clots can get dislodged from the legs and go to the lungs, where they will cause shortness of breath, chest pain, and possibly even death. Sometimes the shortness of breath can happen without warning. It is therefore extremely important to let your doctors know if any of these symptoms occur. Getting out of bed shortly after surgery may help decrease the risk of this complication.

Some of the risks are seen in any type of surgery. These include:

- Infection at the skin level.
- Bleeding, either during or after the operation, which may require another operation.

Other risks and complications are related specifically to these procedures. These again are very rare. However, it is important to know about them.

Very rarely, the anus could become a little tight, which could make passing bowel movements more difficult. This is also known as 'anal stenosis.'

These operations could also influence bowel control, making it more difficult to start or control bowel

movements. These problems are mostly temporary and will improve with time. These complications could occur immediately after an operation or months later.



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Hemorrhoids could come back.

After the Surgery

Most patients go home the same day of their surgery. You can expect some pain in the rectal area. You may also see some bleeding. If the pain or bleeding is severe or if you are unable to urinate, you should let your doctor know.

To prevent hemorrhoids from coming back, you should start a fiber-rich diet to avoid constipation.

Make sure to contact your doctor in case of any new symptoms, such as fever, severe abdominal or rectal pain, weakness, swelling, or infection.

Summary

Swollen hemorrhoids are a common condition that affects many people.

Hemorrhoid surgery is recommended when alternative treatments fail or when hemorrhoids produce severe and prolonged symptoms.

Hemorrhoid surgery is very safe and effective. Risks and complications are very rare. Knowing about them will help you detect and treat them early if they happen.

